

TEACHER CONSENT LETTER – STATES THAT  
REQUIRE PRAXIS FOR CERTIFICATION

**MATHEMATICA**  
Policy Research, Inc.

P.O. Box 2393  
Princeton, NJ 08543-2393  
Telephone (609) 799-3535  
Fax (609) 799-0005  
[www.mathematica-mpr.com](http://www.mathematica-mpr.com)

[Date]

Dear [Teacher Name],

Thank you very much for participating in the Study of Secondary Math Teachers from Alternative Routes to Certification, sponsored by the U.S. Department of Education. This important study can help schools understand how different teacher preparation programs contribute to the preparation of math teachers.

As part of the study, we wish to learn about the background of teachers who participate in different teacher preparation programs. In spring 2010, we will be conducting a survey that will ask teachers about their demographic characteristics, educational background, teaching preparation, and professional experience. To understand as fully as possible the differences across teachers, in fall 2009 we are also asking teachers to give us permission to obtain a copy of their scores on the Educational Testing Service's Praxis Middle School Mathematics (0069) test or the Praxis Mathematics Content Knowledge in Mathematics (0061) test that they took to obtain certification. Your participation is voluntary but very important.

**Your score information will be kept strictly confidential and will not be shared with anyone outside the study team. District officials, principals, and school staff will not have access to the score data. Our reports and analyses will present Praxis test score data in aggregate for the entire sample or large subsets of the sample, and will not be presented in a way that individual schools or teachers could be identified.**

Also, we have enclosed two forms for you to complete. 1) a contact form where we ask for information that could help us to contact you for the spring 2010 survey if you move to a new school or change jobs; and 2) a consent form that will allow us to obtain your PRAXIS score directly from the Educational Testing Service. All we ask is that you complete and use the preaddressed, prepaid envelope to return the forms to us. **Upon receipt of your completed forms, we will mail you \$5.00 as a thank you.** Please make sure to sign the consent form.

If you have any questions or concerns about the study or the assessment, please do not hesitate to call me toll free at (866) 330-9199 or at (609) 275-2293 or to email me at [ksonnenfeld@mathematica-mpr.com](mailto:ksonnenfeld@mathematica-mpr.com). We greatly appreciate your cooperation and support of this important study.

Sincerely,